STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	005669	A. BUILDING: _____ B. WING _____	04/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANCOCK SURGERY CENTER	ONE MEMORIAL SQ STE 1000 GREENFIELD, IN 46140

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS AAAHC Surveyor: 34586 Facility Number: 005669 Type of Survey: State Licensure Off Site AAAHC Accreditation Survey Date of AAAHC On Site Survey - ASC full survey April 7-8/2015 Date of ISDH off site review - July 8/2015 Reviewer/Surveyor -Kerry Sawin, RN, MBA,PHNS Based on review of the April 7-8/2015 AAAHC Accreditation Survey Report, it has been determined that Hancock Surgery Center meets the requirements for ASC Licensure in Indiana for 2015.	S 000		